

VOLUNTARY LEAVE TRANSFER PROGRAM LEAVE DONOR APPLICATION				1. PAYBLOCK NUMBER	
<u>PRIVACY ACT STATEMENT</u>					
AUTHORITY:		EO 9397, November 1943 (SSN).			
PRINCIPAL PURPOSE(S):		Individuals wishing to participate in the Voluntary Leave Transfer Program as donors complete this form. The information provided is used to validate the donor's application.			
ROUTINE USE(S):		Because the Leave Transfer Program is intended to function government-wide, donor information may be furnished to personnel and payroll departments of other Federal agencies.			
DISCLOSURE:		Voluntary; however, failure to provide requested information may impede the validation process.			
2. EMPLOYEE IDENTIFICATION					
a. NAME (<i>Last, First, Middle Initial</i>)				b. SOCIAL SECURITY NO.	
c. POSITION TITLE				d. GRADE/STEP	
e. ORGANIZATION				f. SALARY	
3. LEAVE DATA					
a. ANNUAL LEAVE BALANCE	b. AS OF (YYMMDD)	c. ACCRUAL RATE FOR ANNUAL LEAVE	d. HOURS TO BE EARNED DURING REMAINDER OF LEAVE YEAR	e. HOURS TO BE DONATED	f. "USE OR LOSE" HOURS INCLUDED IN 3.e.
4. DESIGNATED LEAVE RECIPIENT					
a. NAME (<i>Last, First, Middle Initial</i>)			b. ORGANIZATION		
5. EMPLOYEE CERTIFICATION (<i>X and complete all that apply</i>)					
In the event the medical emergency of the leave recipient is terminated and it is determined there is sufficient transferred annual leave to restore to leave donors, I elect that any unused leave be restored as follows:					
	a. CREDIT IN THE CURRENT LEAVE YEAR.				
	b. CREDIT EFFECTIVE THE BEGINNING OF THE NEXT LEAVE YEAR.				
	c. CREDIT TO ANOTHER LEAVE RECIPIENT (<i>Complete (1) - (4)</i>)				
	(1) Name (<i>Last, First, Middle Initial</i>)		(2) Organization		
	(3) Credit ALL restored leave to recipient designated in (1).				
	(4) Credit _____% to the leave recipient and _____% to my leave account designated in 4.a. or b.				
d. SIGNATURE				e. DATE SIGNED (YYMMDD)	
6. SUPERVISOR APPROVAL					
a. SIGNATURE				b. DATE SIGNED (YYMMDD)	